Date Received 12-5-83

MECK C... RECEIVED DEC ... 1983 ENVIRONMENTAL HEALTH

SIR No. 20409

T. C. No. 20-025-105-31

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GALE (LAST) PAUL (FIRST) H. (MIDDLE)

2) ADDRESS OF OWNER 9516 POINT O'WOODS DR ZIP 28216

3) PHONE NO. Home 396-5264 Office SAME

4) LOCATION OF PROPERTY POINT O' WOODS DR. (STREET OR COUNTY ROAD)

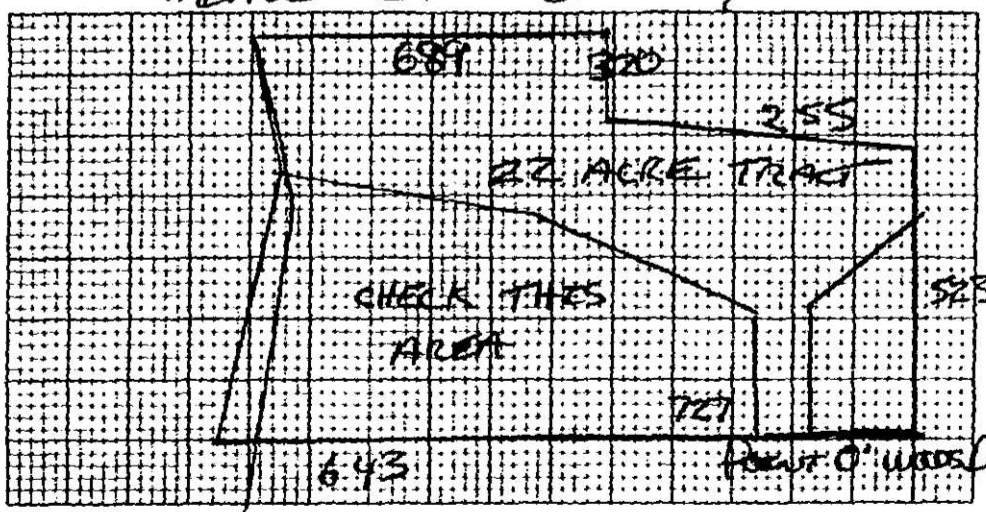
5) SUBDIVISION — LOT NO. — BLOCK NO. —

MAP BOOK NO — PAGE NO. —

6) DEED REFERENCE: DEED BOOK 4194 PAGE NO. 524

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

PLEASE CALL BEFORE YOU COME



7) ACCURATELY DIAGRAM & DIMENSION LOT

Paul H. Gale

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20407

T.C. NO. 00825-105-31

(Ground Absorption Sewage Disposal)

OWNER: Paul B. Hyde
ADDRESS: 9516 Point O'Woods Dr. PLAT NO:
Charlotte, N.C. 28216 LOT SIZE: Approx 3/4 acre
LOCATION OF SITE: Point O'Woods

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S (PS) U complex slopes	(S) PS U 2-10%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S (PS) U Clay	S PS U —	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U
4. SOIL DEPTH (inches)	S (PS) U 30-40"	S PS (U) Depth Variable	S PS U —	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS (U) <36"	S PS U —	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U >36" To ground water	S PS (U) Eroded Areas Channel runoff	S Depression PS (U)	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IUA	IUA	IUA	
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil Litt	complex slopes	Depression	

S - Suitable PS - Provisionally Suitable U - Unsuitable

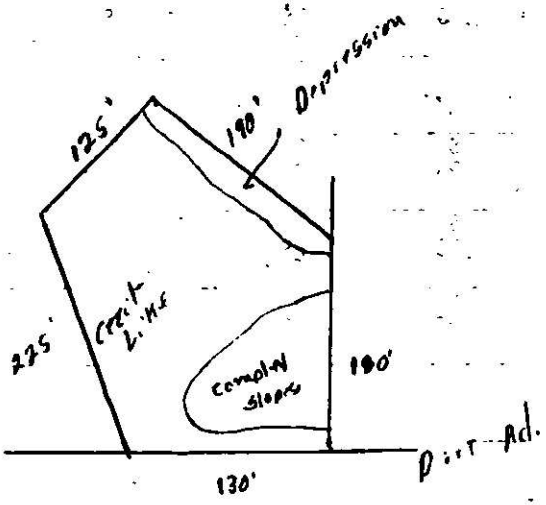
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Martin
Title: Soil Scientist

Date: 12-31-83

EHD 539 (Revised: 6/82)


125'
190'
Depression
225'
Crest Line
compact slope
190'
Dirt Rd.
130'

Serial No. 5382

SIR No. 20409

T. C. No. PO 025-105-31

Date Issued 12-28-83

Map Date

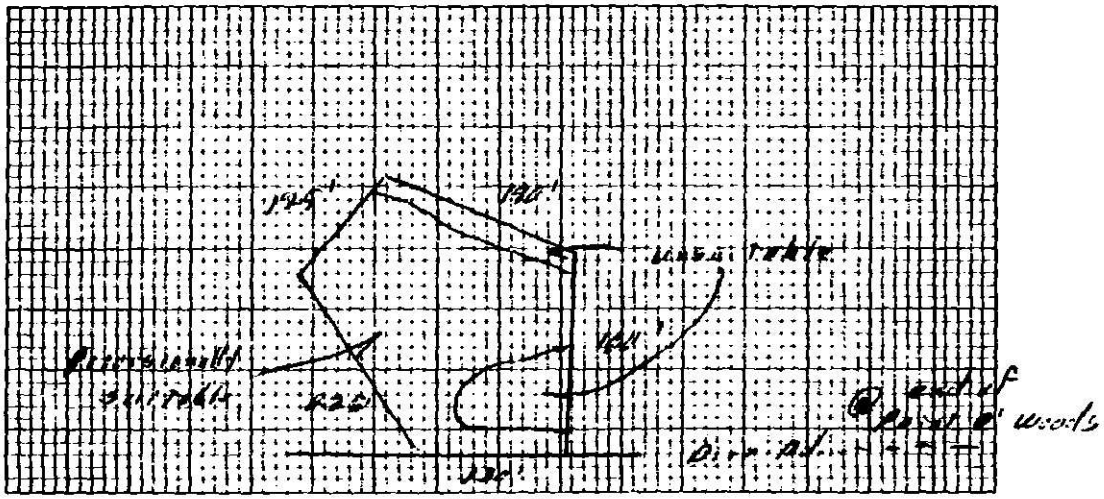
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Gale, (LAST) Paul (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 9511 Point-O'-Woods Dr., Charlotte, NC ZIP 28216

LOCATION OF PROPERTY Point-O'-Woods Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. **Provisionally Suitable**

The permeability rate determined by the investigation was . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William R. Marion
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 8-23-84

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 23 1984

SIR No. 20409

T. C. No. PO-025-05-31

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GALE (LAST) PAUL (FIRST) H (MIDDLE)

2) ADDRESS OF OWNER 9500 POINT O' WOODS DR. ZIP 28216

3) PHONE NO. Home 596-5264 Office SAME

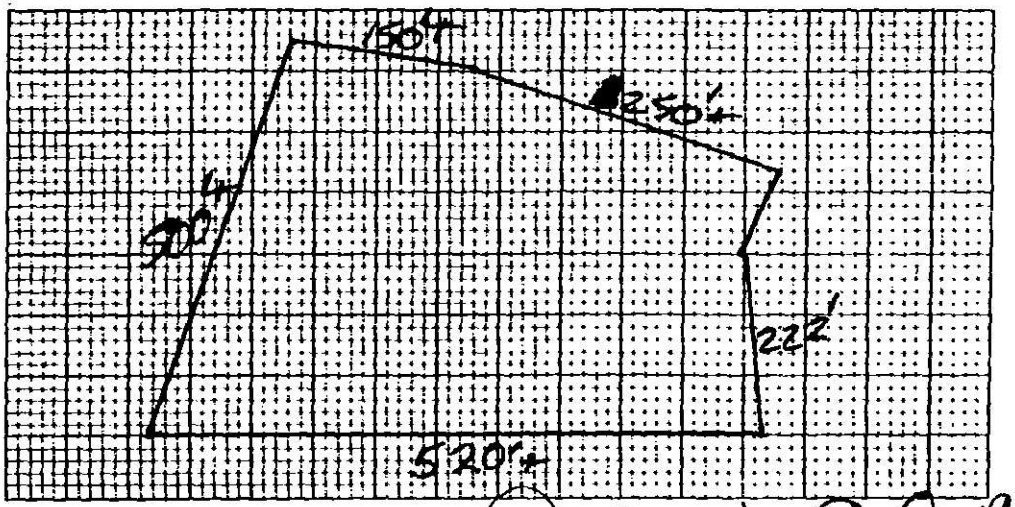
4) LOCATION OF PROPERTY POINT O' WOODS DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION — LOT NO. — BLOCK NO. —

MAP BOOK NO — PAGE NO. —

6) DEED REFERENCE: DEED BOOK 4194 PAGE NO. 524

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Paul H. Gale III
OWNER

Please call me before comm-
ent - thanks
596-5264

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-23-84 20 1984 ICAR(S) Application No. 20409

Please contact me before coming out 396-5264

T. C. No. PO-025-105-31

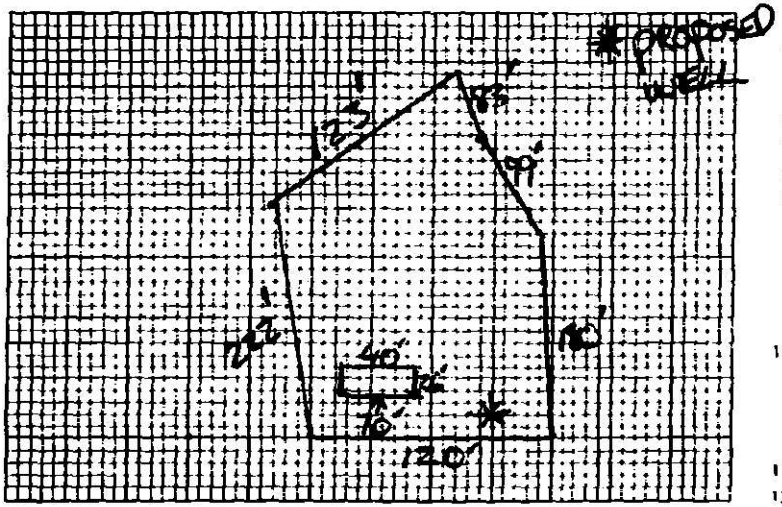
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes X No
Residence X Yes ___ No
4) No of Bedrooms 3
5) Business Use — Max No. Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. ___
12) VA Case No ___

13) NAME OF OWNER GALE III (LAST) PAUL (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 9500 POINT O' WOODS DR.

15) PHONE NO. Home 596-5269 Office SAME

16) LOCATION OF SYSTEM 9520? POINT O' WOODS DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 4766 AT PAGE 617

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 12-28-83

20) PTR NUMBER (See Instructions) ? T.C.No. PO-025-105-31 SIR.No. 20409

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

8-20-84 (DATE OF APPLICATION) Paul H. Gale III (OWNER)

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8-28-84

Serial No. 7798

SIR No. 20409

T. C. No. PO 025-105-31

Map Date [redacted] CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Gale, III (LAST) Paul (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 9500 Point-O'-Woods Dr., Charlotte, NC ZIP 28216

LOCATION OF LOT 9520 ~~9520~~ Point-O'-Woods Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20409 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

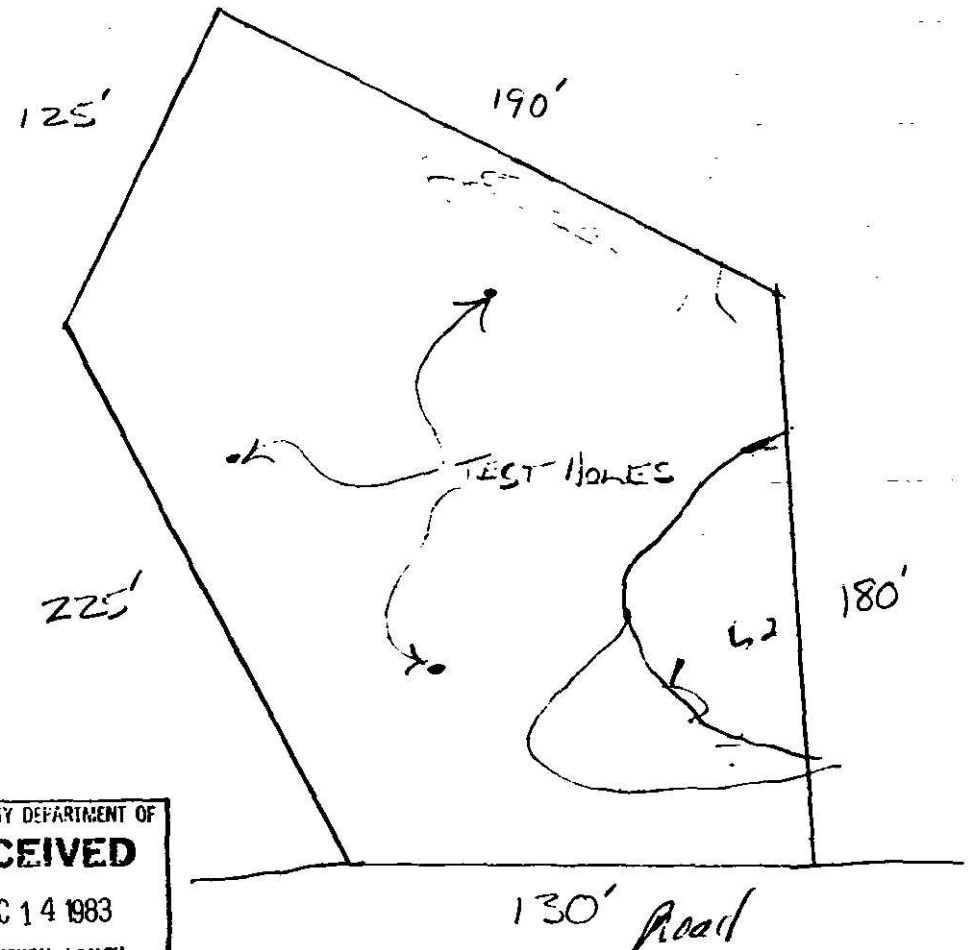
Ralph Mills
Environmentalist

Eric D. Hardwick Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

BILL THIS IS AN APX. MAP OF FIRST LOT



MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 14 1983
ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20409 DATE: 7-10-87

TC: 025-105-31 ☒ L ☒ CRT

SERIAL № 10340

Name of Owner GALE, PAUL III Juris.:

Address of Property 9520 POINT OF WOODS DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth 2'

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 7-10-87

Tank(s) Inspected 7-10-87

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1987 1500ST CON 1200SFT 12G CECIC CTR# ~~OWNER~~ 24

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

[signature]

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 20409

TC: 025 108 33

SERIAL: № 21428 ☐ L ☒ CF

JOB LOCATION

(1) ADDRESS: 9520 (STREET NO) Point C Woods Dr. (STREET) (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.: 025 108 33

(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Paul (FIRST) H. (MIDDLE) Gale II (LAST)

(9) MAILING ADDRESS: Same

(10) CITY: Charlotte (11) STATE: N.C. (12) ZIP: 28216

(13) PHONE: (WORK) 96-5264 (14) (HOME) 596-5264

REQUEST

This request is for a(n):

(15) ☐ New permit (17) ☐ Authorization for mobile home exchange

(16) ☐ Repair or alteration permit (18) ☒ Other (specify) Detached Garage

DESIGN CRITERIA

System will serve:

(19) ☒ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly

(22) Number of bedrooms? 3 No Garages (25) Type?

(23) Maximum occupancy? 6 No Garages (26) Maximum number of employees?

(24) Basement? ☒ yes ☐ no (27) Maximum number of seats?

WATER SUPPLY

(28) Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

(29) The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 12-3-90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved Request for the Job Location contained in this document. This approval granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until a Installation, Construction, Alteration and/or Repair permit is issued by the Department.

... This permit is not transferable, and shall become null and void months from the date of issuance.

Use existing system, no plumbing

Tim Whittaker, 12/4/90
Environmentalist Date

[signature] 12/5/90
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-3-90

Name/Company: Paul H. Gale III

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Det. Gas
9520 Point O' Woods Dr.
TC: 025-108-33
FAC: 20409

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 3 1990

Fee: $ 25.00 Cash 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

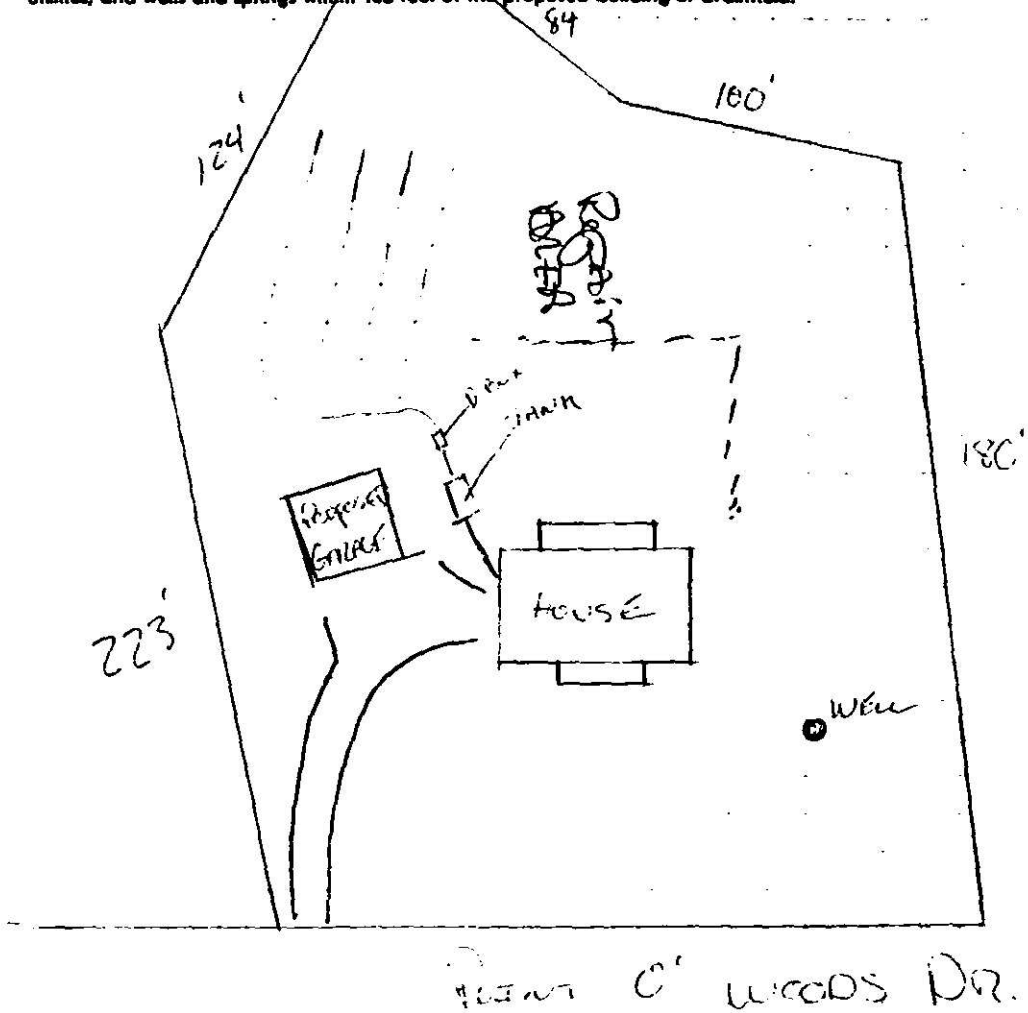
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: C25 108 33

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE TW. 12/4/90

use existing system, no plumbing?

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 12/3/90

618
80
35

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

025-108-33
PARCEL NUMBER

9520 Point o' Woods
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	NO

REMARKS: Detached Garage

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

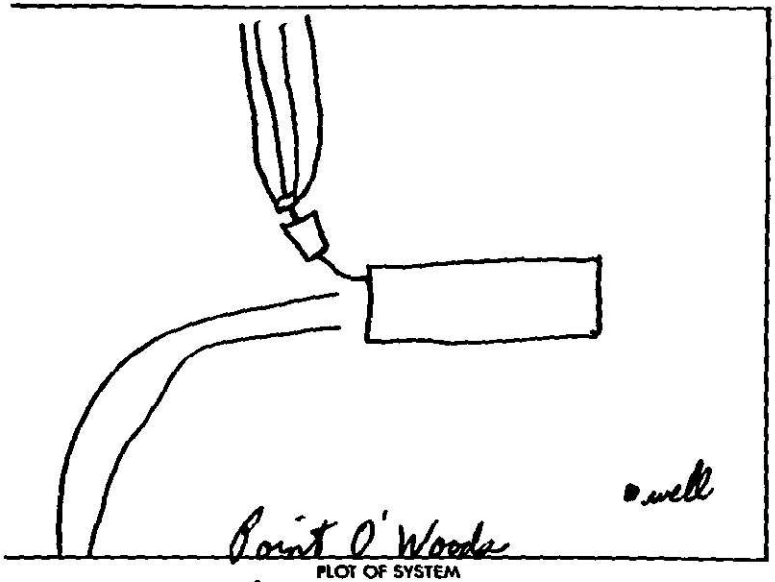
SIGNED: [signature]

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20409 DATE: 11-17-86
PO TC: 025-105-31 ⌀ L
SERIAL № 10515

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8-20-84. All work shall be completed on or before 12-17-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction RCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400' feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 50' feet

NAME OF OWNER Paul Gale III
LOCATION OF PROPERTY 9520 Point O'Woods Dr.
Comments: 4 lines 3'X100'X12" stone

S. Daniel
Division or Section Head

B.R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY